# BLUEPRINT

FOR BRITISH COLUMBIA'S

# FOR A BETTER

CHILDREN AND YOUTH

# FUTURE

The Children's Commission

THE CHILDREN'S COMMISSION ANNUAL REPORT 2000

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May 2001

Attorney General of British Columbia

I have the honour to transmit herewith my annual report to you, to be laid before the Assembly in accordance with the provision of Part 2, Sections 9 (1)(a) and (4) of the Children's Commission Act.

Paul Pallan
CHILDREN'S COMMISSIONER

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# FROM THE CHILDREN'S COMMISSIONER

Several major reports over the last few years, beginning with Judge Gove's report in 1995, have included numerous recommendations about the fundamental changes that are needed to improve British Columbia's child-serving system. These recommendations, addressed to both the provincial government and specific components of the child-serving system, have been largely consistent; many have been repeated time and again.

It is fair to say that some good work has been done. A foundation is being built with good legislation, policy and standards, and training for staff. Recent budget increases for the Ministry for Children and Families and new funding from the National Children's Agenda will help. This is a start—but we are still a long way from the kind of system that we need for a healthy future and that the children, youth and families of this province are entitled to.

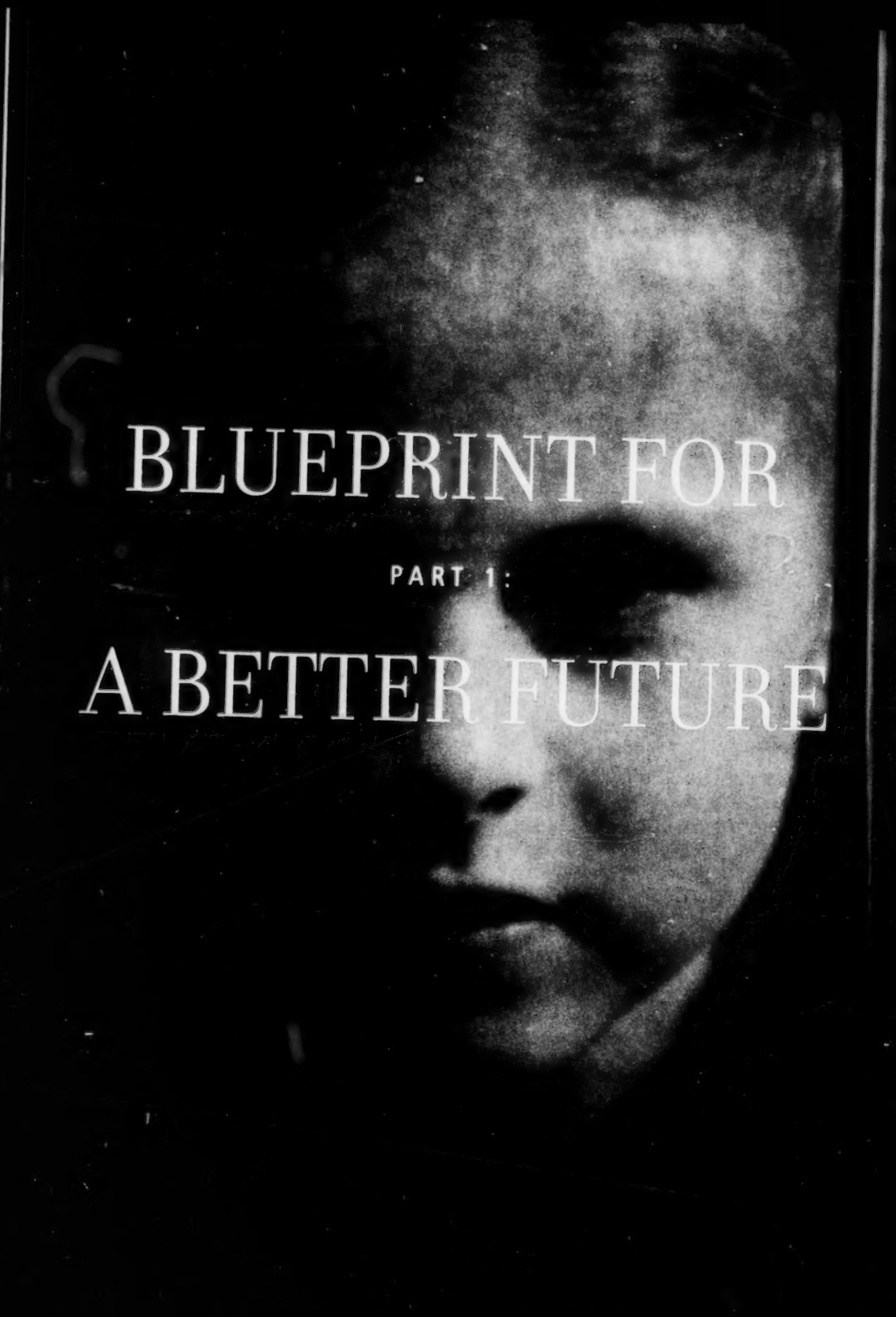
A new government will be in place in B.C. by the time Blueprint for a Better Future is released. In addition to reporting on the Children's Commission's work in 2000 and identifying progress in priority areas set out in last year's annual report, this report provides the new government with a clear set of directions—a blueprint—for completing the work that has been started, and building a better future for the children and youth of B.C.

The blueprint focuses on strong leadership, sufficient funding and a comprehensive approach to prevention and early intervention—the keys to strengthening and improving the ministry and its services to children, youth and their families. It is an ambitious agenda, but it can be done, and indeed it must be done. In purely economic terms, investing now to take good care of our children and youth will save millions of dollars later. We must look beyond short-term budgets and fixes.

**THERE IS WORK TO DO.** LET'S DO IT.

Paul Pallan

Paul Pallan
CHILDREN'S COMMISSIONER


BLUEPRINT FOR
PART 1:
A BETTER FUTURE

The last few years in British Columbia have seen the development of good legislation, policy, standards and staff training aimed at doing a better job of looking after our children and youth. But this is only the foundation; there is a great deal of work to be done yet.

The foundation that has been laid provides the new government of B.C. with an excellent opportunity to build a better future for our children and youth, and indeed for our province. This section provides a set of directions for making that future a reality.

## LEADERSHIP, STABILITY AND VISION

Leadership, stability and vision are key components of any organization's success. To ensure that the Ministry for Children and Families is equipped to meet the needs of the children and youth who are its clients, government must:

1. Make the Ministry for Children and Families a senior portfolio in government, like Health or Finance, and appoint a minister who will maintain this portfolio for at least two years. A powerful advocate for children and youth is required at the Cabinet table.

2. Have a clear vision for an integrated, comprehensive service delivery system for children, youth and their families. The numerous recommendations contained in many reports over the last five years (by Judge Gove; the Children's Commission; the Child, Youth and Family Advocate; and KPMG) can guide the development of this vision. The vision must also be supported by all ministries.

3. Shape a clear and achievable agenda for what must be accomplished in 12 months, 24 months and 48 months. The Children's Commission is prepared to assist in monitoring the implementation of this agenda and reporting on results.

4. Keep the Ministry for Children and Families together. Breaking up the ministry now would focus efforts on administrative tasks rather than on improving services to children and youth. While the many difficulties around integrating ministry services must be acknowledged, "moving the boxes" is not the answer.

   There is early evidence that integration is having some positive impact. This must be supported with stability and by providing all parts of the ministry with adequate resources. Some progress has been made in strengthening child protection. Additional progress must take place in other parts of the ministry. Further reorganizations and the resulting instability will result in chaos and confusion.

5. Decentralize the ministry's decision making to the regions—in a planned, systematic fashion, supported by clear provincial standards and with full consultation with communities and stakeholders. A system that is more responsive to local needs should result in better services for children and youth. An important part of decentralization will be the orderly transfer of sufficient resources.

6. Develop regional plans. Involve people in the planning, including youth; make the plans transparent; and then measure progress against them. This is an important way to bring about greater accountability to the children, youth and families being served. Community involvement and community accountability are important ingredients of an effective child-serving system.

## FUNDING

Government must ensure that the Ministry for Children and Families receives adequate resources. In order to accomplish this, government must:

7. Place a priority on protecting funding for children, youth and families, giving this funding at the very least the same high priority as health care and education. Through federal and provincial funding, increase the investment in early childhood development.

8. Establish a clear accountability framework for the ministry to ensure that it gets the best value for its money and serves children in the most effective manner. The report on the ministry's recent management review of the North Region illustrates how this can be done.

9. Provide agencies that deliver important and necessary services to children and youth with secure, multi-year funding.

## PREVENTION AND EARLY INTERVENTION

The evidence clearly shows that promotion, prevention and early intervention save lives and money. The new minister and deputy minister must make the development of a province-wide strategy a priority for their first year. Leadership is needed to ensure that the funding is in place and is stable. Therefore, the ministry must:

10. With the assistance of Dr. Fraser Mustard, the recently appointed Children's Health and Development Advisor, finalize a comprehensive strategy of prevention and early intervention by the end of 2001, with clear implementation plans for 12 months, 24 months and 48 months. In addition to providing new funding for prevention and early intervention services, the ministry must build the philosophy of prevention and early intervention into all of its programs.

11. Take the lead in implementing all of the recommendations in the Children's Commission's special report, *Fetal Alcohol Syndrome: A Call for Action in B.C.*

12. Expand the "Building Blocks" initiative to make it province-wide, and increase funding for existing and successful programs within the initiative.

13. Increase support services for families—particularly families at risk—in order to prevent problems from escalating.

14. Improve access to community services for children and youth in care, in order to minimize movement from placement to placement.

> Investment in high-quality early child care on a population basis is likely to have a return in terms of...savings that is a least double the original investment. If one focuses on the most disadvantaged sector of the population, this return on investment may be much higher, as much as US $7.00 in savings for each dollar invested.
>
> —*Developmental Health and the Wealth of Nations: Social, Biological and Educational Dynamics*, Daniel Keating and Clyde Hertzman (Eds.), 1999

## IMPROVED SERVICES

There is an urgent need to improve services for some of the ministry's clients. Particular attention should be paid to the following groups:

### ABORIGINAL CHILDREN AND YOUTH

Aboriginal children and youth continue to be over-represented as clients of the ministry. In order to ensure that they get appropriate, timely and culturally appropriate services, the ministry must:

15. Work more effectively with Aboriginal communities to make sure that the ministry's Strategic Plan for Aboriginal Services is relevant and acceptable to these communities.

16. Provide adequate, secure and ongoing funding for implementation of an effective Strategic Plan, including support for the hiring of more Aboriginal staff.

17. In consultation with the new Aboriginal advisory committee, address the issues related to the high numbers of Aboriginal children in care.

## CHILDREN AND YOUTH WITH SPECIAL NEEDS

Early intervention and support for children with special needs can have a tremendous impact on the life of the child and the child's family, and can be very cost-effective for society. The ministry must therefore:

18. Ensure that children and youth receive the services they are entitled to, and that those services are based on their needs and the needs of their families. Children and youth with disabilities often have ongoing and episodic health care needs. They have a right to have these needs addressed in a timely and comprehensive manner, just as other children do.

19. Provide services in a consistent, transparent, predictable and adequate manner from region to region and consistent with the specific needs of the child or youth. In particular, provide better support for children with hidden disabilities such as Fetal Alcohol Syndrome (FAS).

20. Reduce waitlists to manageable and reasonable levels. Six months in a child's life is like six years in an adult's life.

> Improving health care access relies on the acknowledgment and acceptance that a person with a disability, as is the case with non-disabled persons, can be healthy or ill. Healthcare intervention can then be based on health status rather than disability.
>
> —*A Report on Accessing Equitable Health Care in British Columbia for People with Disabilities*, Health Care Access Project, Ministry for Children and Families and Ministry of Health, June 1997

## YOUTH

**The Children's Commission's work in the area of teen suicides and youth violence strongly supports the need for improved services for youth, particularly mental health services. The ministry must therefore:**

21. **Expand services and make them accessible and appropriate for youth, particularly for groups such as gay/lesbian, street-involved, Aboriginal and ethnic youth, and youth with disabilities.**

22. **Create a continuum of mental health services for children and youth, including alcohol and drug, detox, and counselling services.**

23. **Involve youth in a meaningful way in identifying and planning services for youth.**

24. **Ensure that youth have access to community-based recreational programs to provide them with opportunities to learn new skills, including conflict resolution and peer mediation.**

## NOTE

**Do *not* implement secure care legislation unless there is:**

- a comprehensive continuum of services in place for youth that would minimize the need for secure care
- real consultation with communities and affected stakeholders, in particular with Aboriginal communities, and that includes discussion of alternative approaches to addressing the needs of high risk youth, *and*
- protection of the rights of youth in secure care and provision for an independent review of decisions to place a youth in secure care

# PROGRESS

PART 2:

# REPORT

## BROAD DIRECTIONS

The Children's Commission 1999 annual report highlighted the need for society, all levels of government, communities, and families themselves to give children and youth a higher priority, by hearing them, valuing them and investing our energies and resources in them. This section briefly looks at progress made to this end in 2000.

While society appears to be giving greater recognition to the serious issues facing children and youth, these issues will only be resolved when we provide a safer and healthier society in which to grow up. We are a society that focuses on crisis and does little to prevent it. We can and must do more to stop bullying and violence, and to ensure that children and youth have their needs met, and are respected and involved. The commission hears over and over from youth that they want to be part of the solution in their communities.

The federal government has made some new commitments to children in the past year, including:

- an early childhood development initiative
- Centres of Excellence focusing on youth engagement, early child development, children and adolescents with special needs, child welfare, and child- and youth-centred communities
- extension of maternal and parental benefits from 25 weeks to 50 weeks
- a National Crime Prevention Strategy, which places particular emphasis on children, youth, women and Aboriginal peoples
- plans to establish a council for donation and transplantation, which will advise on the establishment of a national organ donor registry.

While these initiatives represent some positive steps by the federal government, there has been a serious lack of progress in other areas, most notably funding for First Nations agencies providing child and family services. The federal government completed a review of the funding formula for these agencies in 2000, but has failed to fully implement the recommendations that came out of the review. As a result, First Nations agencies continue to be under-funded for the services needed in their communities.

The Children's Commission will continue to monitor the implementation of these federal government commitments and to determine whether B.C.'s children, youth and families benefit directly from them.

Some progress has also been made by provincial government ministries. These include the Ministry of Social Development and Economic Security's commitment to implementing universal child care that will reduce the cost of child care to parents over the next five years, and the Ministry of Education's Safe Schools and anti-bullying initiatives. Again, while these are positive steps, a comprehensive cross-government commitment to improving the lives of children and youth is still lacking.

## MINISTRY FOR CHILDREN AND FAMILIES

The Children's Commission 1999 annual report identified a number of priorities or specific tasks for the Ministry for Children and Families for 2000. This section revisits those priorities to assess the extent to which they have been addressed.

### 1. Early intervention

Expand Building Blocks to make it a province-wide program — NO PROGRESS

- No additional support for Building Blocks initiatives

Develop a comprehensive prevention and early support strategy — NO PROGRESS

- No finalized comprehensive strategy; draft strategy is weak, as it does not outline a comprehensive approach to promotion, prevention and early support

*Other developments* — **SOME PROGRESS**

- A commitment to new learning sites designed to improve universal services to preschoolers and their families, including hearing and vision screening

### 2. Aboriginal children

Increase the number of Aboriginal foster homes — **UNKNOWN**

- The Federation of Aboriginal Foster Parents is working towards an increased number in 2001
- The ministry cannot determine whether there has been an increase in the number of Aboriginal foster homes

Develop clear implementation and evaluation plans for the Strategic Plan for Aboriginal Services — NO PROGRESS

- No clear commitment to implementation, resources and timelines

Increase involvement of the Aboriginal community in all aspects of service provision for Aboriginal children and youth — **SOME PROGRESS**

- An Aboriginal Advisory Committee has been established to work with the ministry to develop an implementation action plan
- Three additional Delegation Enabling Agreements were signed with First Nations child and family service agencies

Increase the number of Aboriginal workers in the child-serving system — **UNKNOWN**

- The ministry does not know if there has been any increase

*Other developments* — **SOME PROGRESS**

- $8 million allocated to urban Aboriginal services

3. Youth

Provide adequate resources and supports to meet the mental health needs of youth

**NO PROGRESS**

- No child and youth mental health plan

Increase the involvement of children and youth in development of care plans

**PROGRESS**

- In 2000, 65 per cent of children and youth had a voice in their care planning, up from 33 per cent in 1999

*Other developments*

**SOME PROGRESS**

- Plans for a new young offender facility in Victoria that includes mental health assessment and services
- Some expansion of alcohol and drug services for youth
- Additional 10 beds for youth with dual diagnosis (substance abuse and mental health issues)

4. Special needs

Complete a comprehensive review of services for special needs children and develop a clear implementation plan — **SOME PROGRESS**

- Special needs policy framework still in draft: no implementation plan

Develop a clear and consistent policy for waitlist management — **SOME PROGRESS**

- Waitlist policy completed
- $6 million allocated to waitlist reduction, but late in 2000

Significantly reduce the number of children on waitlists — **UNKNOWN**

5. Children and youth in care

Increase the number of foster homes for multicultural/ethnic communities — **SOME PROGRESS**

- Ethnic communities indicate a small increase
- South Asian advisory committee established

Increase the full compliance rate of care plans — **SOME PROGRESS**

- Significant improvement in compliance of current care plans (20 per cent compliant in 1999 to 54 per cent in 2000)
- Almost 50 per cent of plans still not current

6. Other priorities

Increase emphasis on measuring outcomes of services provided — **SOME PROGRESS**

- Progress on child protection and guardianship outcomes
- Assistant Deputy Ministers' Committee established to develop cross-government outcomes and indicators for measuring the health and well-being of B.C.'s children

Begin to look at models of community accountability — **NO PROGRESS**

## WHAT THE STAKEHOLDERS SAID

The Children's Commission conducted 27 meetings and received 12 submissions from a broad range of stakeholders to assess the progress made by the Ministry for Children and Families in the past year. Themes identified in these meetings and submissions include the need for:

- strong leadership
- a broad vision for child and youth well-being and community
- adequate resources for services to children and youth with special needs and their families
- an adequate response to youth at risk, particularly in the area of [illegible] disagreement with services and response to youth at risk
- a clear, comprehensive prevention, protection and early intervention strategy
- resources and implementation plans for the Strategic Plan for Aboriginal Services

### RESTORING PUBLIC CONFIDENCE

**While the Ministry for Children and Families has taken some steps in the right direction, the evidence suggests that public confidence in the ministry continues to be low. However, there is also evidence that some of the change agenda is starting to take hold. A sustained effort at maintaining stability, providing strong leadership and a clear vision, and improving the ministry's success in implementing policies and new initiatives is critically important in restoring public confidence.**

# THE CHILDREN'S COMMISSION'S WORK

PART 3:

# THE CHILDREN'S COMMISSION: WHO WE ARE AND WHAT WE DO

The Children's Commission is a unique institution in Canada. Created by the government of B.C. in 1996 in response to the Gove Inquiry into Child Protection, the Children's Commission has a mandate to:

- review all deaths of children in B.C., and investigate those which the commission decides require an investigation to determine the adequacy of services or examine public health or policy issues
- review and investigate critical injuries of children in care
- make recommendations concerning deaths or critical injuries investigated, if the commission considers this will enhance the safety and protection of other children
- hear and resolve complaints made to the commission about breaches of the rights of children in care and about decisions concerning services provided by the Ministry for Children and Families for a child
- set standards for the internal review of complaints about provision of services to children by the Ministry for Children and Families, and monitor adherence to those standards
- review plans of care for children in continuing custody of the Ministry for Children and Families, to determine whether these plans meet legislative and policy standards, and
- inform the people of B.C. about the state of the province's child and family-serving system, and invite public comment on the commission's work.

In addition to government ministries and other child-serving agencies, the Children's Commission also works with:

- the Office of the Child, Youth and Family Advocate, which acts as an advocate for individual children in their relationships with government and communities
- the Office of the Ombudsman, which deals with complaints about unfair treatment by agencies including provincial government ministries, local governments, school boards and hospitals
- a multidisciplinary team of advisors who meet regularly to provide expert advice on fatality reviews
- the Youth in Care Network, which provides advice to the commission on the needs and concerns of children and youth in care and youth in custody facilities
- Aboriginal organizations, which help the commission to stay current on issues and concerns facing Aboriginal children, youth and communities.

The commission reports to government through the Attorney General. In addition, the commission regularly provides the general public with information about its activities and findings. This information includes regular reports on reviews of child fatalities, and public release of tribunal panel decisions on complaints. Annual reports provide the opportunity to report on our other activities, such as care plan reviews and critical injury reviews. A youth report is prepared annually to reflect the views of youth. The commission also prepares special reports from time to time.

Part 3 of *Blueprint for a Better Future* includes descriptions and highlights of the major areas of the commission's work. More detail can be found in the separate program area reports, including *Fatality Reviews*, *Critical Injury Reviews*, *Care Plan Reviews*, *Complaint Reviews* and *Tribunal Division*, which are companion documents to this annual report. (See page 37 for information on how to get copies of the program area reports.)

## INVESTIGATIONS

### FATALITY REVIEWS

The Children's Commission is informed of all deaths of B.C. children and youth who die before their 19th birthday and all deaths of children and youth from other jurisdictions who die in B.C. All unexpected deaths are reviewed, as are the deaths of all children in care of the government or of children who were receiving services from the Ministry for Children and Families. For other deaths, the commission looks at the basic information to decide whether to undertake a review.

The purpose of a review is to determine the adequacy of services to the child (including but not limited to health and social services, the justice system and the school system). Some reviews also lead to an examination of public health and policy matters. Based on its findings, the commission makes recommendations and works with ministries and agencies to improve services and supports for children and youth.

The commission monitors responses to all of its recommendations to determine if needed changes are being made and to assess the progress of implementation, tracking both those recommendations oriented to specific cases and those which address systemic issues.

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## CHILD FATALITIES 1988 TO 2000
### Birth to Age 18

| YEAR OF DEATH | NATURAL | SIDS | ACCIDENTAL | SUICIDE | HOMICIDE | UNDETERMINED | ALL CAUSES |
|---|---|---|---|---|---|---|---|
| 1988 | [illegible] | 75 | [illegible] | 28 | [illegible] | 1 | [illegible] |
| 1989 | [illegible] | 77 | [illegible] | 25 | [illegible] | 1 | [illegible] |
| 1990 | [illegible] | 64 | [illegible] | 12 | [illegible] | 1 | [illegible] |
| 1991 | [illegible] | 71 | [illegible] | 22 | [illegible] | 2 | [illegible] |
| 1992 | [illegible] | 62 | [illegible] | 23 | [illegible] | 8 | [illegible] |
| 1993 | [illegible] | 52 | [illegible] | 12 | [illegible] | 4 | [illegible] |
| 1994 | [illegible] | 41 | [illegible] | 21 | [illegible] | 5 | [illegible] |
| 1995 | [illegible] | 49 | [illegible] | 23 | [illegible] | 2 | [illegible] |
| 1996 | [illegible] | 26 | [illegible] | 15 | [illegible] | 4 | [illegible] |
| 1997 | [illegible] | 27 | [illegible] | 28 | [illegible] | 3 | [illegible] |
| 1998 | [illegible] | 15 | [illegible] | 16 | [illegible] | 9 | [illegible] |
| 1999 | [illegible] | 16 | [illegible] | 17 | [illegible] | 20 | [illegible] |
| 2000 | [illegible] | 9 | [illegible] | 19 | [illegible] | 34 | [illegible] |

*Source: BC Vital Statistic Agency

* There are more undetermined deaths in the more recent reporting years because classification of more recent deaths have not been finalized.

## IN 2000

- The deaths of 363 children and youth were reported to the commission. (Note: This is a slightly higher number of deaths than recorded by the Vital Statistics Agency, because out-of-province deaths of B.C. children and deaths of out-of-province children in B.C. are included in commission counts but not in Vital Statistics Agency counts.)
- Reviews are being conducted in 215 of these 363 deaths, with decisions to review pending in 12 cases.
- The commission made 101 recommendations as a result of 137 completed reviews.

## KEY FINDINGS

- In all 14 of the cases of children in care who died, the children were taken into care in a timely manner.
- In 14 of the 15 cases in which the At Home program of the Ministry for Children and Families was involved, the service provided adequate support in a timely manner.
- Overall, child protection practices seem to be improving.
- Sufficient attention to early warning signs of future difficulty remains a challenge for the system.
- Aboriginal children remain over-represented in child deaths in B.C.

## Birth to Age 18

| YEAR OF DEATH | NATURAL | SIDS | ACCIDENTAL | SUICIDE | HOMOCIDE | UNDETERMINED | ALL CAUSES |
|---|---|---|---|---|---|---|---|
| 1988 | 354 | 75 | 158 | 28 | 14 | 1 | 630 |
| 1989 | 330 | 77 | 152 | 25 | 13 | 1 | 599 |
| 1990 | 360 | 64 | 146 | 12 | 11 | 1 | 594 |
| 1991 | 301 | 71 | 119 | 22 | 16 | 2 | 531 |
| 1992 | 305 | 62 | 118 | 23 | 15 | 8 | 531 |
| 1993 | 256 | 52 | 154 | 12 | 4 | 4 | 483 |
| 1994 | 322 | 41 | 119 | 21 | 45 | 5 | 533 |
| 1995 | 282 | 49 | 120 | 23 | 12 | 2 | 488 |
| 1996 | 281 | 26 | 108 | 15 | 15 | 4 | 449 |
| 1997 | 255 | 27 | 109 | 28 | 19 | 3 | 442 |
| 1998 | 228 | 15 | 90 | 16 | 2 | 9 | 360 |
| 1999 | 205 | 16 | 94 | 17 | 4 | 20 | 357 |
| 2000 | 190 | 9 | 82 | 19 | 10 | 34 | 344 |

*Source: BC Vital Statistic Agency

* There are more undetermined deaths in the more recent reporting years because classification of more recent deaths have not been finalized.

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Overall, child protection practices seem to be improving.

Sufficient attention to early warning signs of future difficulty remains a challenge for the system.

Aboriginal children remain over-represented in child deaths in B.C.

### SUICIDE

- Among youth who kill themselves, the most common factors observed included a history of depression, social isolation and alienation, substance abuse, ongoing family conflict, personal failure, school failure and humiliation.
- Some suicide deaths were related to conflicts experienced by immigrant youth adjusting to life in a new culture, and some youth who killed themselves had been subjected to bullying.
- In 11 of 15 youth suicides, people around the youth were aware of the youth being at risk of suicide.

### MOTOR VEHICLE DEATHS

- Most motor vehicle deaths among youth are preventable through safe driving practices. Excessive speed, driver inexperience, failure to use safety restraints and impaired driving combine to kill youth on our streets and highways.
- In eight of the 29 motor vehicle deaths reviewed, the driver was an unlicensed youth.
- In one-third of the youth motor vehicle fatalities reviewed this year, the driver was an under-age impaired driver.

### OTHER DEATHS

- In three of the five homicides of young children reviewed, the children died at the hands of a parent, and in the other two cases, they died at the hands of another caregiver.
- In all four of the fire-related deaths reviewed this year, there were no operational smoke detectors in the homes.
- Inadequate safety measures and poor supervision by caregivers are the factors most associated with deaths due to drowning and deaths during recreational activities.

Motor vehicle crashes are still the No. 1 cause of death and injury for B.C. youth.

Drivers between 16 and 20 years of age made up six per cent of licensed drivers in 1997 and accounted for 15 per cent of all police-attended collisions, 13 per cent of driver fatalities and 29 per cent of all vehicle passenger fatalities. Over-representation is even greater where unsafe speed or alcohol was involved or when vehicle occupants were not wearing seat-belts.

Although these rates are unacceptably high, they have been declining in those provinces that have adopted graduated licensing systems for new drivers. For example, in Ontario, before graduated licensing, 16-year-old drivers had collision rates about three times higher than those of the general population. Since the system was implemented, the fatal collision rate for 16-year-old drivers dropped to the level of the general population, and the overall collision rate is actually lower. (Canadian Council on Social Development, *The Progress of Canada's Children into the Millennium, 1999–2000*)

Sixteen children and youth died in water-related accidents in 1999 in B.C.—twice as many as the year before. In 2000, there were 14 such deaths. Since the Children's Commission started reviewing child fatalities in 1996, it has released reports about 24 water-related accidents involving recreational activities. Most of the children who died in these accidents were under age three or were teens aged 14–18.

In 1994, 288 infants under one year of age died as a result of natural causes and sudden infant death syndrome in B.C. This number dropped to 148 in 2000. The death rate for infants in B.C. dropped from 61.5 per 10,000 live births in 1994 to 36.6 per 10,000 in 2000.

## TRACKING RESPONSES TO THE COMMISSION'S RECOMMENDATIONS

Under the Children's Commission Act, the commission is empowered to "make recommendations concerning any deaths or critical injuries investigated ... if the commission considers this will enhance the safety and protection of other children."

Since its inception in 1996, the commission has identified numerous policy, practice and safety issues in the review of child fatalities, and made recommendations for change to the broad child-serving system. Between September 1996 and April 2001, the commission will have made and publicly released 828 recommendations. (Some recommendations stemming from reviews undertaken in 2000 will not be released until April 2001.)

The vast majority of ministry and agency responses to the recommendations have been positive and generally comprehensive in nature. These responses outline actions being taken that are addressing or will address the issues or concerns raised in the commission's recommendations.

The commission follows up on each recommendation by requesting additional information on implementation status from the ministry, agency or individual at regular intervals, until the commission is satisfied that the recommendation has been implemented or fully considered or other action has been taken that improves services to children and youth.

## IN 2000

The commission began a process of reviewing and closing many of its recommendations, and has now closed 301 of 828 recommendations. The majority of the 101 recommendations made as a result of 2000 fatality reviews will require further updates and more time for implementation. The remaining 426 recommendations have been partially implemented and the commission continues to track their progress.

## EXAMPLES

Here are some examples of fully implemented recommendations:

### *SAFETY AND INJURY PREVENTION*

- development of new or additional signage warning of the hazards of cliff jumping
- development of new or additional speed limit signage, particularly on gravel or other types of back roads
- reconstruction of park entrances and crosswalk designs to improve pedestrian safety
- implementation of new traffic signals, such as pedestrian-actuated walk signals and four-way stops at intersections
- revisions to the Canadian Firearms Safety Course to include greater emphasis on the handling, storage and display of firearms where children may be present

### *YOUTH SERVICES*

- the opening of a new 10-bed adolescent psychiatric in-patient unit at a local hospital
- a review of the services and the hours of service offered by a recreation complex to maximize the availability of the programs for youth

### *PREVENTION AND EARLY INTERVENTION*

- introduction of a school district policy that ensures new students are seen by a counsellor in order to assist them with the period of adjustment to a new school, and to determine if there are any specific needs that may need to be addressed

- hiring of additional staff by a school district to further refine services and referrals for special needs and at-risk students

- revision of hospital policy to ensure timely referrals of high-risk young mothers to the Ministry for Children and Families

### *INFORMATION SHARING*

- development of an information-sharing policy by an umbrella organization for mental health services and Ministry for Children and Families child protection that has resulted in enhanced co-operation with regard to integrated planning and interventions for children and their families

- development of a revised Memorandum of Understanding between the Ministry for Children and Families and the Coroner's Service to ensure that abuse and/or neglect issues have been disclosed to the police and coroner, prior to autopsy.

### *INTEGRATED CASE MANAGEMENT (ICM)*

- Ministry for Children and Families development of an ICM best practices manual and provision of ongoing training in the delivery of integrated services

### *RISK ASSESSMENT*

- development of a suicide risk assessment tool

### *EDUCATION AND TRAINING*

- provision of increased access to training for teachers in suicide prevention and awareness

- incorporation of Children's Commission fatality case examples into training of social workers and police officers

### *SERVICES FOR ABORIGINAL CHILDREN AND YOUTH*

- development of Sudden Infant Death Syndrome (SIDS) pamphlets and other educational and informational materials for reducing the risk of SIDS in Aboriginal communities

- development by bands in one region of a co-ordinated response to the suicide crisis occurring in their communities, which included ensuring that band social workers received training in crisis intervention

## CRITICAL INJURY REVIEWS

One aspect of the Children's Commission's mandate is reviewing critical injuries of children in government care, and making recommendations based on these investigations to enhance the safety and protection of children and youth. The commission's authority to investigate critical injuries is limited to those injuries that meet the definition as set out in the Children's Commission Act. The act defines a critical injury as one that may result in the child's death or cause serious or permanent impairment of the child's physical health.

The Director of Child Protection receives notification from ministry field offices of reportable circumstances regarding children in care. Reportable circumstances include the death or critical injury of a child in care, and serious incidents including exposure to high-risk or life-threatening circumstances, involvement in crimes of violence, running away, and abuse or neglect while in care. Only a small number of these are identified by the ministry as critical injuries and reported to the Children's Commission.

### IN 2000

- The Ministry for Children and Families received 604 reportable circumstance reports from its field offices, and identified 93 of these as potential critical injuries and referred them to the commission. Of the 93 referred to the commission, 64 were assessed as critical injuries and investigations were undertaken. The commission completed 32 reports in 2000.

- The commission conducted a file audit of the ministry's critical incident files in December 2000. The audit showed that reporting had improved significantly from 1999.

## KEY FINDINGS

- Of the 32 completed reviews, 29 involved youth age 13 to 18.
- Half (16) of the 32 reviews conducted by the Children's Commission deal with youth who have made suicide attempts.
- Four of the youth who attempted suicide were Aboriginal.
- There was a history of alcohol involvement in the lives of 13 of the 29 youth.
- Various professionals in five of the 32 completed cases queried Fetal Alcohol Syndrome. However, no testing had been done to arrive at a specific diagnosis.
- Plans of care were not completed or were out of date in five of the 32 cases.
- In seven cases, follow-up safety planning was not adequate or not completed.
- In four cases, a suitable placement was not available, or the youth was homeless.

A significant proportion of these cases involve youth who have severe problems, including suicide risk, mental health problems, and alcohol and drug problems. They are undoubtedly some of the most challenging youth that ministry staff work with. However, there is a need for improvement in the way the system responds to these youth. Overall, the reviews point to significant issues in planning for youth in care, and raise concerns about availability of specialized services and appropriate living arrangements to meet their needs.

## COMPLAINTS PROCESS STANDARDS

Under the Children's Commission Act, the commission sets broad standards for the Ministry for Children and Families' complaint resolution process related to services to children and youth. These standards require the process to be:

- child-centred—i.e., the process is guided by the best interests of the child and takes into account the views of the child
- fair—i.e., the process is applied consistently throughout the province and is consistent with the principles of administrative fairness
- accessible—i.e., there are no barriers to accessing the process
- responsive—i.e., complaints are addressed as quickly as possible.

### IN 2000

The Children's Commission and the Child, Youth and Family Advocate jointly conducted an evaluation of the ministry's complaint resolution process, the commission's complaint resolution and review process, and the Advocate's client services. The Complaint Process Evaluation Report is available on the Children's Commission Web site (www.childservices.gov.bc.ca).

### KEY FINDINGS

The ministry must:

- monitor the informal complaint resolution process to ensure that complainants are treated fairly
- provide staff with training in how to resolve disputes with their clients
- address staffing shortages that affect regions' ability to deal with client complaints.

The commission must:

- help facilitate legal and advocacy support for its complainants
- strengthen its presence in the regions
- implement clear policies and procedures for reviewing complaints.

The Advocate's office must:

- ensure better response times for its callers
- increase its staff in order to better respond to the advocacy needs of its clients
- ensure that the views of the child or youth are considered in its processes.

Finally, the ministry, the commission and the Advocate's office should implement a faster process for dealing with complaints about placement issues.

## COMPLAINT RESOLUTION AND REVIEW

The Children's Commission reviews complaints about breaches of rights of children in care and about decisions concerning services provided by the Ministry for Children and Families for a child. If a complaint is not resolved through the ministry's internal complaint resolution process, a child or youth or his or her advocate can then make a complaint directly to the Children's Commission.

Commission staff try to resolve complaints wherever possible. In some situations, however, the Commissioner will have the complaint reviewed by an independent tribunal panel.

### IN 2000

- The commission opened 339 complaint files and responded to 95 inquiries. The 339 complaint files contained 1,079 complaint issues (387 alleged breaches of rights and 692 about ministry decisions).
- Of the 387 allegations of breaches of rights, the most common was about s. 70 (1)(a), the right to be fed, clothed and nurtured according to community standards (178). (Issues related to breaches of this subsection are usually about the level or quality of care received by a child in care and decisions related to a plan of care, including placement decisions.)

### NOTE

A file is opened when a complaint has been submitted. In most cases, the file relates to one child or youth; but in some cases, more than one child could be involved. In addition, within each file, there are often two or more issues raised by the complainant.

- Of the 692 issues involving ministry decisions, 177 were about child protection and 130 were about guardianship placement decisions. Together, child protection and guardianship issues represented about 45 per cent of the issues raised with the commission, much the same as in 1999.

- The number of issues raised about ministry decisions to delay or not provide services to children and youth with special needs continued to increase (49 of 692, as compared to 27 of 564 in 1999).

- Of the 339 complaint files opened in 2000, 23 resulted in complaints accepted for formal review by the commission.

- The commission and the Federation of Youth in Care Networks worked with the ministry and management at a youth corrections secure custody centre to assess the view of residents in regard to their rights and review options.

- The commission worked with the ministry, the Advocate and the B.C. Federation of Foster Parents Associations to develop new approaches for resolving complaints involving changes of placement for children and youth in care. This accelerated process is expected to be implemented in 2001.

## KEY FINDINGS

- Guardianship placement issues continue to be one of the most common complaint areas.

- Child protection issues also continue to be a major source of complaints. The ministry's internal review of these complaints is often confusing for the complainant.

- Complaints about access to special needs services are often related to lack of resources rather than to a dispute about the child's needs.

70 (1) Children in care have the following rights:

(a) to be fed, clothed and nurtured according to community standards and to be given the same quality of care as other children in the placement;

(b) to be informed about their plans of care;

(c) to be consulted and to express their views, according to their abilities, about significant decisions affecting them;

(d) to reasonable privacy and to possession of their personal belongings;

(e) to be free from corporal punishment;

(f) to be informed of the standard of behaviour expected by their caregivers and of the consequences of not meeting their caregivers' expectations;

(g) to receive medical and dental care when required;

(h) to participate in social and recreational activities if available and appropriate and according to their abilities and interests;

(i) to receive the religious instruction and to participate in the religious activities of their choice;

(j) to receive guidance and encouragement to maintain their cultural heritage;

(k) to be provided with an interpreter if language or disability is a barrier to consulting with them on decisions affecting their custody or care;

(l) to privacy during discussions with members of their families, subject to subsection (2);

(m) to privacy during discussions with a lawyer, the Child, Youth and Family Advocate, the Ombudsman, a member of the Legislative Assembly or a member of Parliament;

(n) to be informed about and to be assisted in contacting the Child, Youth and Family Advocate;

(o) to be informed of their rights under this Act and the procedures available for enforcing their rights.

## TRIBUNAL DIVISION REVIEWS

If a complaint is not resolved through the Ministry for Children and Families' complaint resolution process and the Children's Commission complaint resolution and review process, the Children's Commissioner can refer the complaint to the commission's Tribunal Division. Panels of the Tribunal Division review and decide on complaints about:

- alleged breaches of the rights of children in care
- decisions made by the Ministry for Children and Families concerning the provision of a ministry service to a specific child.

If a panel decides that a child's rights have been breached, it can:

- issue an order to the director caring for the child to ensure that the breach does not continue, and
- make recommendations to the director about the steps that the director might take to achieve that result.

If the panel decides that a complaint about a decision made by the Ministry for Children and Families is justified, the panel can:

- order a reconsideration of the decision that was the subject of the complaint, and
- make recommendations about the steps that might be taken to resolve the complaint.

If a panel issues orders and recommendations, it can request that the ministry give reasons if a decision is made not to take any steps or to follow the panel's recommendations. On receiving the response, the panel may choose to modify its recommendations. The last step in the review process is for the Children's Commissioner to consider the response of the director and determine if the steps taken by the director are adequate or appropriate. If the Commissioner believes that the steps taken were not adequate or appropriate, he or she may present a report on the matter to the Minister of Children and Families and make the report public within 30 days after it was presented to the minister.

**IN 2000**

- Seventeen cases were in front of a tribunal division panel in 2000. The tribunal division completed 11 cases in 2000.

## OUTCOMES

Two of the 11 cases completed in 2000 were terminated as a result of mediated settlements that occurred during the process, and three were dismissed following the withdrawal of the complaint by the complainant(s). The remaining six cases went through the entire review process. Outcomes of the remaining six cases were as follows:

1. The child's rights were found to have been breached in relation to the right to be informed about plans of care, the right to be consulted and to express views, and the right to be informed of rights under the Child, Family and Community Services Act and the procedures available for enforcing their rights. Complaints about decisions were found justified in relation to four decisions pertaining to the adequacy of assessments of the child's need for protection and the adequacy of the ministry's internal review process. One additional complaint in relation to the adequacy of an assessment of the child's need for protection was found not justified.

2. Complaints about decisions regarding provision of special needs services and about waitlisting practices were found justified.

3. The child's rights were found to have been breached in relation to an incident that breached both the right to be informed about plans of care and the right to receive medical and dental care when required. There were 10 other allegations of rights violations, but breaches of these rights were not found.

4. Complaints about decisions pertaining to the adequacy of two child protection investigations were found justified.

5. Complaints about decisions were found justified in relation to the adequacy of child protection investigations and the ministry's internal complaint review process. Complaints about two other decisions pertaining to the adequacy of a child protection investigation and a risk assessment were not found justified.

## NOTE

Once decisions are final, they are posted on the Children's Commission Web site (www.childservices.gov.bc.ca).

6. The children's rights were found to have been breached in relation to the right to be fed, clothed and nurtured according to community standards and to be given the same quality of care as other children in the placement; the right to be informed about their plans of care; and the right to be consulted and to express their views, according to their abilities, about significant decisions affecting them. Complaints about decisions to move the children from a placement were found justified in relation to both decisions at issue.

In all but one of these six cases, the panels made orders and recommendations. The Children's Commissioner found the ministry's response to the panel's recommendations to be inadequate in one of the cases, and a report was then made to the Minister of Children and Families and made public.

## CARE PLAN REVIEWS

Children in continuing custody of the government are vulnerable to "drifting" from one placement to another. Lack of adequate planning contributes to this drift, as well as to school problems, instability in relationships, and youth not being prepared to make the transition to adulthood. Comprehensive planning, with an emphasis on needs assessment and services to meet those needs, is vital for the well-being of these children and youth.

The Children's Commission monitors the planning for children and youth who are in continuing custody to determine whether the Ministry for Children and Families is complying with legislated requirements and with its own policy and standards. Each month, the commission receives a list of all children in care, and from the list identifies a sample of children in continuing custody. The commission then requests the care plans and placement histories for these children from the ministry and does an initial review. If the commission finds that the care plan does not comply, the plan is returned to the region for revision. The commission monitors the plans returned to the ministry by reviewing a sample of these plans after 90 days. Any plans that remain non-compliant after the regional review are sent to the Director of Child Protection for revision.

### NOTE

A child in continuing custody is in the permanent care of the Director of Child Protection, as decided by a judge

## IN 2000

The commission made initial requests for 482 comprehensive plans of care (the care plan on file at the time of the commission's request), and reviewed 437 of these plans (45 plans requested are not included in the analysis for such reasons as at the time of request the file may have been closed, the youth was 19, or the court order had been rescinded).

## KEY FINDINGS

- One hundred and two (102) of the plans for Aboriginal children and 120 of the plans for non-Aboriginal children were current (i.e., plans were completed within the previous six months).
- Fifty-three (53) of the 102 plans for Aboriginal children were fully compliant and 66 of the 120 plans for non-Aboriginal children were fully compliant.
- Care planning has improved significantly since 1998, where care plans are current. The standardized care planning formats and the guardianship standards that the ministry introduced in 1999 appear to be paying dividends. In 1998, only eight per cent were compliant; in 1999, 20 per cent and in 2000, 54 per cent of current plans were fully compliant.
- The percentage of children with current care plans remains at 50 per cent. The ministry therefore has considerable work to do to ensure a greater proportion of its children are being planned for in a timely manner.
- There is still a major lack of involvement of Aboriginal communities in planning for Aboriginal children. While improvements have been made since 1998, involvement or invitation to participate in planning was documented in only one-third of Aboriginal children's care plans in 2000.
- Both the number and percentage of children in continuing custody continues to increase. The ministry therefore must ensure that it provides adequate resources, training and support for meeting its guardianship responsibilities. (The ministry has approved guardianship consultant positions in each of its regions, although none of these positions had been filled at the writing of this report.)

### NUMBERS OF CHILDREN IN CONTINUING CUSTODY ARE INCREASING

There has been a 23 per cent increase in the number of children in continuing custody (i.e., children in the permanent care of the government, as decided by a judge) since 1998. In 1998, children in continuing custody made up about 42 per cent of the total child in care population. In 2000, children in continuing custody accounted for over half of all children in care (52 per cent).

# REACHING OUT

In addition to its program areas, a significant portion of the Children's Commission's work focuses on the broader systemic issues in the child-serving system and on providing research-based evidence for the work we do. This section includes examples of the commission's activities in this area in 2000.

## RESEARCH

Two major initiatives dominated the commission's research activities in 2000.

The first involved an examination of the prevalence of the risk and protective factors in child and youth suicide in B.C. The commission conducted a review of the 50 child and youth suicide investigation reports that it has released publicly. The findings were presented at the 11th Annual Convention of the Canadian Association for Suicide Prevention in Vancouver on October 12, 2000 and a paper has been prepared for journal publication.

The other major research initiative involved an investigation into the possible influence of alcohol on the lives and deaths of the children and youth whose deaths have been reviewed by the commission. To do this, the commission examined 489 fatality reports publicly released since its inception, paying particular attention to the role that alcohol might have had on motor vehicle accidents, sudden infant death syndrome, homicides and drowning. The findings from this initiative will be presented at the FAS and Other Drug-Related Effects: Building Hope Conference in Vancouver in February 2001 and the 27th Annual Alcohol Epidemiological Symposium in Toronto in April 2001. In addition, the Children's Commission is preparing a special report on the study's findings.

## YOUTH SUICIDE INVESTIGATIONS

The Children's Commission has reviewed and publicly released reports on 50 (35 males and 15 females) suicide cases that have occurred among children and youth in B.C. Ages ranged from nine to 18 years with a mean age of 16. Fourteen children were of Aboriginal origin. Eight (16 per cent) of the children and youth were in care at the time of their death.

Some risk factors are more prevalent than others in those children and youth who committed suicide. Depression was present in approximately 56 per cent of cases, the misuse of alcohol or other drugs was present in 52 per cent of cases, and 56 per cent of children and youth experienced family instability.

Protective factors, which provide a buffer against the risk factors by increasing resilience and connections to support systems, were generally lacking among these children and youth—approximately half of the reports contained no mention of protective factors. The school environment appears to be the only one in which students exhibited some degree of resilience to the risk factors. These were in relation to the presence of adults who believed in them and parent involvement in the school setting.

## THE ROLE OF ALCOHOL IN THE LIVES AND DEATHS OF CHILDREN AND YOUTH IN B.C.

Alcohol has a profound presence in the lives and deaths of the children and youth reviewed by Children's Commission. It is present at the time of death in two out of five motor vehicle accidents, and one-third of suicides and deaths by drowning. In motor vehicle accidents, which continue to take many young peoples' lives, it is most often the driver of the primary vehicle who has been drinking, but the passenger of the vehicle who is most likely to die.

Alcohol also plays an important role historically in the lives of many of the cases the commission has reviewed. Prenatal exposure to alcohol had occurred in the deaths of approximately one in 10 cases we reviewed. Approximately 40 per cent of these children died from Sudden Infant Death Syndrome (SIDS). The impact of alcohol is particularly profound among children in care and Aboriginal peoples, where it tends to occur earlier, result from a number of factors, and lead to tragic outcomes.

## FORUM ON FETAL ALCOHOL SYNDROME

On November 23 and 24, 2000, the Children's Commission hosted a forum on Fetal Alcohol Syndrome (FAS) with approximately 60 invited participants. Participants included young people who are living with FAS and their families, senior government officials, medical professionals, Aboriginal leaders, researchers, service providers, politicians and advocates. The objectives of the forum were to:

- raise awareness about the costs of FAS, both human and financial
- examine innovative programs that are working, and
- develop strategies for the prevention of FAS and for better service provision to those living with FAS now.

Participants heard presentations and considered strategies. The commission published a special report on FAS, *Fetal Alcohol Syndome: A Call for Action in B.C.*, which included a recommended action plan. The commission will report on the progress of implementing this plan in October 2001. The report is available on the Children's Commission Web site (www.childservices.gov.bc.ca).

## REGIONAL VISITS

In 2000, the Children's Commissioner traveled with some of his staff to the Kootenays, Central/Upper Island and South Fraser regions to:

- create a forum in which to meet with both ministry line staff and supervisors and Aboriginal service providers to hear about their issues and challenges and to provide information about the commission
- meet with other community leaders to hear first-hand about issues at the community level
- ensure that the work of the commission is informed by what is happening on the front lines and in communities
- ensure that communities are aware of the services the commission provides
- consult with communities to ensure that people know about the commission's recommendations and reports so they can use them to improve the community's services to children and youth.

**What we heard**

- There is a shortage of staff, and existing staff often have an unmanageable workload.
- Staff have difficulty in meeting the standards for plans of care.
- There is a lack of:
  - services to children and youth with special needs
  - support for youth, particularly mental health services.

- There is a need for:
  - better support for contracted service providers, especially for Aboriginal agencies
  - a stronger focus in the ministry on prevention and early intervention.
- Aboriginal groups expressed opposition to secure care.
- The majority of mental health services are in response to a child or youth in crisis. Earlier identification of mental health issues and earlier intervention are needed to prevent a crisis.
- Poverty is often at the root of many of the issues faced by clients of the ministry, contracted service providers and Aboriginal communities.

## PUBLIC EDUCATION

The commission regularly makes reports to the public about its findings, including progress made in implementing its recommendations.

## IN 2000

The Children's Commission published:

- 137 fatality reports in five separate public releases (each release focused on a separate theme, such as motor vehicle accidents, natural deaths, homicides, suicides, and medically fragile children and youth)
- *Weighing the Evidence: A Report on B.C.'s Children and Youth* (1999 Annual Report)
- *A Magazine for 11 to 4Teen: Youth Report*.

# FOR MORE INFORMATION

## HOW TO CONTACT US

Please contact us if you:

- would like to comment on the annual report
- need further information about the work of the Children's Commission, or
- wish to make a complaint about a breach of a child's or youth's rights, or about provision of services to a child or youth.

**Location**
4th Floor, 1019 Wharf Street
Victoria, BC

**Mailing address**
PO Box 9207
Stn Prov Govt
Victoria BC V8W 9J1

**Email address**
ChildrensCommission@gems2.gov.bc.ca

**Internet address**
www.childservices.gov.bc.ca

**Phone** (250) 356-0831
**Toll-free phone** 1-800-859-1441
**Fax** (250) 356-0837

## COMPANION DOCUMENTS FOR BLUEPRINT FOR A BETTER FUTURE

If you wish to receive any of the following program area reports, please contact the Children's Commission:

- *Fatality Reviews*
- *Critical Injury Reviews*
- *Care Plan Reviews*
- *Complaint Reviews*
- *Tribunal Division*

# APPENDICES

# APPENDIX A:

## CHILDREN'S COMMISSION 2000/2001 BUDGET

(Budget shown as of March 31, 2001—subject to final year-end adjustments)

| TOTAL OPERATIONAL BUDGET: $2,921,000 | | |
|---|---|---|
| DESCRIPTION | AMOUNT ($) | PERCENTAGE |
| Salaries and benefits (27 staff*) | 1,962,280 | 65% |
| Multidisciplinary team and complaint review tribunal panels | 130,207 | 4% |
| Commission staff travel | 82,357 | 3% |
| Operational contracts (legal advice, research and evaluation, investigations, medical advice, etc.) | 297,377 | 10% |
| Information systems | 55,339 | 2% |
| General office and business expenses | 171,439 | 6% |
| Communications (annual report, youth report) | 149,237 | 5% |
| Building occupancy | 143,242 | 5% |

*Full-time employees (FTEs) at the Children's Commission by area:

| | |
|---|---|
| Complaint resolution and review | 4 |
| Tribunal panel support | 2 |
| Fatality investigations | 9 |
| Care plan review | 2 |
| Information management | 1 |
| Program development | 4 |
| Finance and administration | 3 |
| Commissioner's office | 2 |

## ORGANIZATION OF THE CHILDREN'S COMMISSION

## CHILDREN'S COMMISSION STAFF IN 2000

Lauri Balson
Nancy Bell
Lorraine Calderwood-Parsons
Anne Colwell
Scott Denoon
Janet Donald
Don Easton
Michael Egilson
Wendy Ferguson
Dulcie Fernandes
Lee Frost
Margaret-Anne Gallagher
Ron George
John Greschner
Kirsten Ingram
Cindy Jamieson
Cyndie Jones
Eric Jones
Stacie Kirkpatrick
Krishna Klear
Adrian Lentz
Jeannie MacPherson
Alain Mailhot
Stacey McDougall
Glenna McEwen
Richard Mercer
Wayne Mitic
Michael Olson
Paul Pallan
Chris Peterson
MaryLynne Rimer
Hendrik Roelants
Frances Sasvari
Anne Savard
Torri Seale
Donna Thompson

## MEMBERS OF THE MULTIDISCIPLINARY TEAM IN 2000

**Paul Pallan**
CHILDREN'S COMMISSIONER

**John Greschner**
DEPUTY COMMISSIONER AND CHIEF INVESTIGATOR

**Torri Seale**
PROGRAM MANAGER, FATALITIES AND CRITICAL INJURIES

## MULTIDISCIPLINARY TEAM MEMBERS

**Larry Campbell**
CHIEF CORONER

**Elaine Herbert**
SOCIAL WORK PRACTITIONER

**Dr. Jean Hlady**
DIRECTOR, CHILD PROTECTION SERVICE UNIT,
CHILDREN'S AND WOMEN'S HEALTH CENTRE OF B.C.

**David Kelpin**
COUNSELLOR, STUDENT SERVICES, VICTORIA HIGH SCHOOL

**Jamie Kershaw**
LOCAL DEVELOPMENT OFFICER/TEAM LEADER
FEDERATION OF B.C. YOUTH IN CARE NETWORK

**Deputy Chief John Lane**
VICTORIA CITY POLICE DEPARTMENT

**Nella Nelson**
COORDINATOR, FIRST NATIONS EDUCATION DIVISION,
GREATER VICTORIA SCHOOL DISTRICT

**Elizabeth Robinson**
SOCIAL WORK CONSULTANT

**Dr. Richard Stanwick**
REGIONAL MEDICAL HEALTH OFFICER AND DIRECTOR,
CLINICAL INFORMATION, CAPITAL HEALTH REGION

**Dr. Roger Tonkin**
EXECUTIVE DIRECTOR
McCREARY CENTRE SOCIETY

**Joy Ward**
POLICY CONSULTANT, HEALTH ASSOCIATION OF B.C.

**Dr. Glenn Taylor**
PAEDIATRIC PATHOLOGIST, CHILDREN'S AND
WOMEN'S HEALTH CENTRE OF B.C.

**Jennifer White**
DIRECTOR, SUICIDE PREVENTION INFORMATION
AND RESOURCE CENTRE, UNIVERSITY OF
BRITISH COLUMBIA

**Inspector Paul Cheney**
OIC CONTRACT POLICING, ROYAL CANADIAN
MOUNTED POLICE

**Dr. Penny Parry**
CHILD AND YOUTH CARE EXPERT

**Ian Mass**
DEPUTY CHILD, YOUTH AND FAMILY
ADVOCATE OF B.C.

**Dr. Shaun Peck**
DEPUTY PROVINCIAL HEALTH OFFICER

## TRIBUNAL DIVISION IN 2000

**John Greschner**
DEPUTY CHILDREN'S COMMISSIONER
CHAIR, TRIBUNAL DIVISION

**Frances Sasvari**
TRIBUNAL OFFICER

## TRIBUNAL PANEL MEMBERS

**Jerry Adams**
EXECUTIVE DIRECTOR
URBAN NATIVE YOUTH ASSOCIATION

**Dr. Kwadwo Ohene Asante**
PAEDIATRICIAN AND CLINICAL ASSISTANT PROFESSOR
PAEDIATRICS, UNIVERSITY OF BRITISH COLUMBIA

**Shashi Assanand**
EXECUTIVE DIRECTOR, VANCOUVER AND
LOWER MAINLAND MULTICULTURAL FAMILY
SUPPORT SERVICES SOCIETY

**Susan Brice** *(resigned April, 2000)*
EXECUTIVE DIRECTOR
BETTER BUSINESS BUREAU OF VANCOUVER ISLAND

**Lynn Carter**
DEPARTMENT CHAIR, SOCIAL SERVICE
WORKER DEPARTMENT, LANGARA COLLEGE

**Greg Eng**
MANAGER OF RECREATION SERVICES
VANCOUVER EAST DISTRICT

**Bruce Hardy**
EXECUTIVE DIRECTOR
WESTCOAST FAMILY RESOURCES SOCIETY

**Terry Harris**
BARRISTER AND SOLICITOR, AND MEDIATOR

**Susan Irwin**
REGISTRAR
BOARD OF REGISTRATION FOR SOCIAL WORKERS

**Donna Jones**
FORMER CHAIR, VICTORIA SCHOOL BOARD
PAST PRESIDENT, B.C. SCHOOL TRUSTEES ASSOCIATION

**Jane Parlee**
CONSULTING EXECUTIVE DIRECTOR
STEP BY STEP CHILD DEVELOPMENT SOCIETY

**Shelley Rivkin**
DIRECTOR, SOCIAL SERVICES AND COMMUNITY
SAFETY DIVISION, JUSTICE INSTITUTE OF B.C.

**Perry Shawana**
ASSOCIATE PROFESSOR AND CHAIR OF THE
FIRST NATIONS STUDIES PROGRAM, UNIVERSITY
OF NORTHERN BRITISH COLUMBIA, AND
BARRISTER AND SOLICITOR

**Maurice Squires**
PROGRAM DIRECTOR
NISGA'A CHILD AND FAMILY SERVICES

**Richard Vedan**
ASSOCIATE PROFESSOR, SCHOOL OF SOCIAL WORK
UNIVERSITY OF BRITISH COLUMBIA

**Sandra McEwan**
BARRISTER AND SOLICITOR, AND
FAMILY LAW MEDIATOR

**Gerry Fisher**
RETIRED HEALTH ADMINISTRATOR

**Delores Holmes**
RETIRED PROVINCIAL COURT JUDGE

**Margaret Farley**
MPA, PRIVATE CONSULTANT

**Sandy Cooke**
EXECUTIVE DIRECTOR,
COVENANT HOUSE, VANCOUVER

**Teresa Lum**
YOUTH ADVOCATE
OFFICE OF THE CHILD, YOUTH
AND FAMILY ADVOCATE